Form Approved
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National Study of Long-Term Care Providers

2018 Residential Care Community Provider Questionnaire

Dear Administrator or Executive Director,

The Centers for Disease Control and Prevention conducts the National Study of Long-Term Care Providers. Please complete this questionnaire about the residential care community at the location listed below.

- **If this residential care community is associated with another residential care community or is part of a facility or campus that offers multiple levels of care, please answer only for the residential care community portion operating at the location on the label below.**
- Please consult records and other staff as needed to answer questions.
- If you need assistance or have questions, go to https://www.cdc.gov/nchs/nsltcp/index.htm or call 1-877-256-8029.

Label here

☞ Residential care places are known by different names in different states. We refer to all of these places and others like them as residential care communities.

Just a few terms used to refer to these places are assisted living, personal care, and adult care homes, facilities, and communities; adult family and board and care homes; adult foster care; homes for the aged; and housing with services establishments.

Thank you for taking the time to complete this questionnaire.

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0943).

Background Information

1. Is this residential care community located in the same building as, on the grounds of, or immediately adjacent to each of the following settings? MARK YES OR NO IN EACH ROW

	Yes	No
a. Independent living residences	☐	☐
b. Hospital	☐	☐
c. Nursing home or skilled nursing facility	☐	☐
d. Home health agency	☐	☐
e. Hospice agency	☐	☐
f. Adult day services center	☐	☐
g. A specific unit where subacute or rehabilitation care is provided	☐	☐

→ *If you answered "Yes" to any item in question 1, please answer all questions only for the residential care community portion operating at the location on the cover page of this questionnaire.*

2. At this residential care community, what is the number of licensed, registered, or certified residential care beds? *Include both occupied and unoccupied beds. If this residential care community is licensed, registered, or certified by apartment or unit, please count the number of single-resident apartments or units as one bed each, two-bedroom apartments or units as two beds each, and so forth.* If none, enter "0."

☐ Number of Beds

3. What is the type of ownership of this residential care community? MARK ONLY ONE ANSWER

- ☐ Private—nonprofit
- ☐ Private—for profit
- ☐ Publicly traded company or limited liability company (LLC)
- ☐ Government—federal, state, county, or local

4. Is this residential care community owned by a person, group, or organization that owns or manages two or more residential care communities? *This may include a corporate chain.*

- ☐ Yes
- ☐ No

5. What is the total number of years this residential care community has been operating as a residential care community at this location? MARK ONLY ONE ANSWER

- ☐ Less than 1 year
- ☐ 1 to 4 years
- ☐ 5 to 9 years
- ☐ 10 to 19 years
- ☐ 20 or more years

6. Is this residential care community authorized or otherwise set up to participate in Medicaid?

- ☐ Yes
- ☐ No

7. Does this residential care community only serve adults with Alzheimer's disease or other dementias?

- ☐ Yes → *SKIP to question 10 on page 4*
- ☐ No

8. Does this residential care community have a distinct unit, wing, or floor that is designated as a dementia, Alzheimer's, or memory care unit?

- ☐ Yes
- ☐ No → *SKIP to question 10 on page 4*

9. How many licensed beds are in the dementia, Alzheimer's, or memory care unit, wing, or floor? *If this residential care community is licensed, registered, or certified by apartments or units, please count the number of single resident apartments or units as one bed each, two bedroom apartments or units as two beds each and so forth.* If none, enter "0."

☐ Number of Beds

10. When does this residential care community screen each resident with a standardized tool for each of the following? MARK ALL THAT APPLY IN EACH ROW

	Routinely at admission	Routinely after admission	Routinely when condition changes	Case by case	Do not screen
a. Alcohol or substance abuse	☐	☐	☐	☐	☐
b. Anxiety	☐	☐	☐	☐	☐
c. Cognitive impairment	☐	☐	☐	☐	☐
d. Depression	☐	☐	☐	☐	☐
e. Pain	☐	☐	☐	☐	☐
f. Pressure injury/ulcer risk	☐	☐	☐	☐	☐
g. Activities of Daily Living (ADLs)	☐	☐	☐	☐	☐
h. Instrumental Activities of Daily Living (IADLs)	☐	☐	☐	☐	☐

11. An electronic health record (EHR) is a computerized version of the resident's health and personal information used in the management of the resident's health care. Other than for accounting or billing purposes, does this residential care community use electronic health records?

☐ Yes
☐ No

12. Does this residential care community use computerized capabilities to…
MARK A RESPONSE IN EACH ROW

	Yes	No	Don't Know
a. Record resident demographics	☐	☐	☐
b. Record clinical notes	☐	☐	☐
c. Record resident medications and allergies	☐	☐	☐
d. Record resident problem list	☐	☐	☐
e. Record individual service plans	☐	☐	☐
f. View lab results	☐	☐	☐
g. View imaging reports	☐	☐	☐
h. Order prescriptions	☐	☐	☐

13. Does this residential care community's computerized system support <u>electronic health information exchange</u> with each of the following providers? *Do not include faxing*.
MARK YES OR NO IN EACH ROW

	Yes	No
a. Physician	☐	☐
b. Pharmacy	☐	☐
c. Hospital	☐	☐
d. Behavioral health provider	☐	☐
e. Skilled nursing facility, nursing home, or inpatient rehabilitation facility	☐	☐
f. Other long-term care provider	☐	☐

14. For each of the following statements, please indicate how often this is your residential care communities' current practice. MARK A RESPONSE IN EACH ROW

	Rarely	Sometimes	Often	Almost Always	Don't Know
a. Residents choose the times they prefer to eat	☐	☐	☐	☐	☐
b. Residents have access to food in the residential care community at any time	☐	☐	☐	☐	☐
c. Residents participate in choosing the types of activities that are offered to them	☐	☐	☐	☐	☐
d. Residents choose when they want to get up in the morning	☐	☐	☐	☐	☐
e. Residents choose the way they bathe, such as shower, bed bath, or bathtub	☐	☐	☐	☐	☐
f. Residents choose the time of day they bathe	☐	☐	☐	☐	☐
g. Residents participate in developing their care plan	☐	☐	☐	☐	☐
h. Residents participate in deciding which aides are assigned to care for them	☐	☐	☐	☐	☐
i. Residents with memory problems have special activities designed for them	☐	☐	☐	☐	☐
j. Residents or their family members are provided with opportunities to express their preferences about end-of-life care	☐	☐	☐	☐	☐

15. Which of the following best describes your residential care community's policy for residents leaving the building? MARK ONLY ONE ANSWER

- ☐ All residents come and go as they wish without informing staff
- ☐ Residents with known memory or cognitive impairment may not leave the building without an escort, like family, friend, or staff
- ☐ All residents are asked to sign-out when leaving the building or campus
- ☐ Other

16. Which of the following best describes your residential care community's visitor policy? MARK ONLY ONE ANSWER

- ☐ Residents may have visitors at any time of the day or night, so long as they do not infringe on the rights of other residents
- ☐ Residents are encouraged to limit visitors to specified hours, such as between breakfast and bed-time hours
- ☐ Residents are required to limit visitors to specified hours, such as between breakfast and bed-time hours

Resident Profile

17. What is the total number of residents currently living in this residential care community? *Please include residents for whom a bed is being held while in the hospital. If you have respite care residents, please include them.* If none, enter "0."

    ☐ Number of Residents

18. Of the residents currently living in this residential care community, what is the sex breakdown? Enter "0" for any categories with no residents.

	Number of Residents
a. Male	
b. Female	
TOTAL	

NOTE: Total should be the same as the number of residents provided in question 17.

19. Of the residents currently living in this residential care community, what is the age breakdown? Enter "0" for any categories with no residents.

	Number of Residents
a. 17 years or younger	
b. 18–44 years	
c. 45–54 years	
d. 55–64 years	
e. 65–74 years	
f. 75–84 years	
g. 85 years or older	
TOTAL	

NOTE: Total should be the same as the number of residents provided in question 17.

20. Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? Enter "0" for any categories with no residents.

	Number of Residents
a. With eating, like cutting up food	
b. With bathing or showering	

21. During the last 30 days, for how many of the residents currently living at this residential care community did Medicaid pay some or all of their services received at this residential care community? If none, enter "0."

    ☐ Number of Residents

22. Of the residents currently living in this residential care community, about how many have a private apartment or room? *Include residents who have chosen to share an apartment or room, for example couples or family members.* If none, enter "0."

    ☐ Number of Residents

23. In the last 12 months, about how many residents moved out of this residential care community? *Exclude deaths and residents for whom the residential care community is currently holding a bed.* If none, enter "0."

    ☐ Number of Residents

    → *If '0' SKIP to* ***question 26 on page 7***

24. Of the residents who moved out in the last 12 months, how many of these residents went to each of the following locations immediately after they moved out? *Each resident who moved out should be counted only once.* Enter "0" for any categories with no residents.

	Number of Residents
a. Another assisted living or similar residential care community	
b. Hospital	
c. Nursing home	
d. Private residence (house or apartment)	
e. Some other place	
f. Don't know	

25. Of the residents who moved out in the last 12 months, how many left because the cost of care, including housing, meals, and services required to meet their needs, exceeded their ability to pay? If none, enter "0."

    ☐ Number of Residents

Services Offered

26. For each service listed below... MARK ALL THAT APPLY IN EACH ROW

This residential care community...	Provides the service by paid residential care community employees	Arranges for the service to be provided by outside service providers	Refers residents or family to outside service providers	Does not provide, arrange, or refer for this service
a. Routine and emergency dental services by a licensed dentist	☐	☐	☐	☐
b. Hospice services	☐	☐	☐	☐
c. Social work services—provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services	☐	☐	☐	☐
d. Mental or behavioral health services—target residents' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions	☐	☐	☐	☐
e. Physical, occupational, or speech therapies	☐	☐	☐	☐
f. Pharmacy services—including filling of or delivery of prescriptions	☐	☐	☐	☐
g. Podiatry services	☐	☐	☐	☐
h. Dietary and nutritional services	☐	☐	☐	☐
i. Skilled nursing services—must be performed by an RN, LPN, or LVN and are medical in nature	☐	☐	☐	☐
j. Transportation services for medical or dental appointments	☐	☐	☐	☐
k. Transportation services for social and recreational activities or shopping	☐	☐	☐	☐

27. For each specialized service listed below… MARK ALL THAT APPLY IN EACH ROW

This residential care community…	Provides the service by paid residential care community employees	Arranges for the service to be provided by outside service providers	Refers residents or family to outside service providers	Does not provide, arrange, or refer for this service
a. Management of behavioral symptoms, such as agitation	☐	☐	☐	☐
b. Pressure injury or wound care	☐	☐	☐	☐
c. Continence management	☐	☐	☐	☐
d. Palliative care—treatment of the pain, discomfort, and symptoms of serious illness	☐	☐	☐	☐

28. Fall risk assessment tools often address gait, mobility, strength, balance, cognition, vision, medications, and environmental factors. Examples of tools include but are not limited to CDC's "Stopping Elderly Accidents, Deaths & Injuries" or STEADI; Timed Up and Go or TUG test; 30-second chair stand test; and 4-stage balance test. Does this residential care community typically evaluate each resident's risk for falling using any fall risk assessment tool? MARK ONLY ONE ANSWER

- ☐ Yes, as standard practice with every resident
- ☐ Case by case, depending on each resident
- ☐ No

29. Fall reduction interventions may include but are not limited to environmental safety measures; medication reconciliation; exercise, gait, or balance training; and resident or family education. Does this residential care community currently use any formal fall reduction interventions?

- ☐ Yes
- ☐ No

30. Please indicate how often your residential care community engages in the following practices when a resident is dying or has died. MARK A RESPONSE IN EACH ROW

	Rarely	Sometimes	Often	Almost Always	Don't Know
a. Discuss a resident's spiritual needs at care planning conferences when the resident has an acute or chronic terminal illness	☐	☐	☐	☐	☐
b. Document in the care plan of a terminally ill resident what is important to the individual at the end of life, such as the presence of family or religious or cultural practices	☐	☐	☐	☐	☐
c. Honor the deceased in some public way in this residential care community	☐	☐	☐	☐	☐
d. Offer bereavement services to staff and residents	☐	☐	☐	☐	☐

Staff Profile

31. An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Nurse practitioners (NPs)		
b. Registered nurses (RNs)		
c. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
d. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		
e. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work		
f. Activities directors and activities staff		

→ *If you reported "0" full-time and part-time employees in 31b, c, and d, SKIP to **question 33***

32. Of the number of full-time and part-time employees currently employed in this residential care community, indicate how many have been employed at this residential care community for more than 1 year. Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Registered nurses (RNs)		
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		

33. For each of the following employees, indicate how many full-time and part-time employees this residential care community had on January 1, 2017. Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Registered nurses (RNs)		
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		

→ *If you reported "0" full-time and part-time employees for all of question 33, SKIP to the **instruction before question 35 on page 10***

34. Of the number of full-time and part-time employees this residential care community had on January 1, 2017, indicate how many left this residential care community between January 1, 2017 and December 31, 2017. *This would include both voluntary and involuntary terminations (retired, dismissed, resigned).* Enter "0" for any categories with no employees.

	Number of Full-Time Employees	Number of Part-Time Employees
a. Registered nurses (RNs)		
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		

→ *The next series of questions asks about aide employees, which includes certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides. Contract workers are not to be included in your answers.*

35. If hired today in this residential care community, what would be the lowest and highest hourly wage that might be offered to an entry-level aide employee?

	Dollar amount per hour
a. Lowest	$
b. Highest	$

36. How many hours of training does this residential care community require newly employed aide employees to have prior to providing care to residents?

Number of Hours

37. How many hours of on-going continuing education or in-service training annually does this residential care community provide or arrange for your aide employees?

Number of Hours

38. Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW

	Yes	No
a. Health insurance for the employee only		
b. Health insurance that includes family coverage		
c. Life insurance		
d. A pension, a 401(k), or a 403(b)		
e. Paid personal time off, vacation time, or sick leave		

39. For each of the items below, please indicate how often this occurs at this residential care community.
MARK A RESPONSE IN EACH ROW

	Rarely	Sometimes	Often	Almost Always	Don't Know
a. Aides attend resident care plan meetings	☐	☐	☐	☐	☐
b. Changes in residents' care are made as a result of aide input	☐	☐	☐	☐	☐
c. Aides work with the same residents	☐	☐	☐	☐	☐

40. Contract or agency staff refers to individuals or organization staff under contract with and working at this residential care community, but are not directly employed by the residential care community. Does this residential care community currently have any nursing, aide, social work, or activities contract or agency staff?

☐ Yes
☐ No → *Skip to* ***question 42 on page 12***

41. For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. *Do not include individuals directly employed by the residential care community.*
Enter "0" for any categories with no contract or agency staff.

	Number of Full-Time Contract or Agency Staff	Number of Part-Time Contract or Agency Staff
a. Nurse practitioners (NPs)		
b. Registered nurses (RNs)		
c. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
d. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		
e. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work		
f. Activities directors and activities staff		

Contact Information

42. We would like to keep your name, telephone number, work e-mail address, and job title for possible future contact related to participation in current and future NSLTCP waves. Your contact information will be kept confidential and will not be shared with anyone outside this project team.

PLEASE PRINT

Your full name	
Your work telephone number, with extension	☐☐☐ – ☐☐☐ – ☐☐☐☐ Ext. ☐☐☐
Your work e-mail address	
Your job title	

Please return your questionnaire
in the enclosed return envelope or mail it to:

NSLTCP
RTI International
ATTN: Data Capture
5265 Capital Boulevard
Raleigh, NC 27690

Thank you for participating in the 2018 National Study of Long Term Care Providers provider questionnaire.

We look forward to you also completing the telephone interview to sample and provide information on two of your residents. We will be contacting you soon.